



CITY OF NORWALK STREET CLOSURE APPLICATION

(to request temporary closing and use of public streets or public property)

Submit this completed form to the City Clerk's Office no less than 30 days prior to the proposed event.

Application must include:

- Petition signed by not less than 75% of the properties (residential and commercial) affected by the closure.
- Map of the specific area to be used.
- Except for neighborhood block parties, Certificate of Insurance showing \$1,000,000 in liability coverage with the City of Norwalk as additional insured. (if permission is granted to serve alcoholic beverages, liquor liability insurance is also required.)

Street closures are limited to (6) hours; between 9:00 a.m. and 11:00 p.m. Sunday through Thursday, or between 9:00 a.m. and 12:30 a.m. on Friday and Saturday.

Standard barricades are required to be erected sufficient so as to completely close the street.

CONTACT INFORMATION			
Promoter's Name: PAT WAHL		Alternate Contact Person: MIKE WAHL	
Signature: <i>[Signature]</i>		Signature:	
Address: P.O. Box 356 Norwalk Ia		Address: P.O. Box 356	
Phone Number: 515/981-4928		Cell Phone: 515/490-6570	Phone Number: 515/981-4928
Cell Phone:			
PD requested: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Signed petition attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
PW requested: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Preliminary map attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Liquor license required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Insurance Certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	

EVENT INFORMATION	
Date of Event: 7/4/16	Rain Date of Event: _____
Street closing time: 10:00a	Street opening time: 11:15 AM
Event starting time: 10:00a	Event finishing time: 11:30 AM

EVENT INFORMATION CONTINUED

Location of Event (name streets, parks, cross intersections, etc.):

STREETS ON ATTACHED MAP

LAYOUT OF THE PROPERTY INCLUDING LOCATION OF BARRICADES: Map attached Drawing below *If the map does not accurately show the area, then a drawing should also be included.

FOR OFFICE USE ONLY

Date received:

Date of council meeting:

Date distributed to Department Heads:

Permit issued:

Signed off on prior to council meeting by:

City Clerk: _____

Fire Chief: _____

Police Chief: _____

Public Works Director: _____

ABD agent (if applicable): _____

City Council Approved on: _____

Mayor

MARCH 5, 2015

at McAninch Sports Complex on Wright Road.

HOLIDAY PARADE ROUTE AND FIREWORKS

